

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Christopher A. Wiklof, Cathy Aragon, Josh M. Kornfeld,  
Clarence T. Tegreene, and Jim T. Russell

Serial No.: 10/007,784

Title: SCANNER AND METHOD FOR SWEEPING A BEAM  
ACROSS A TARGET

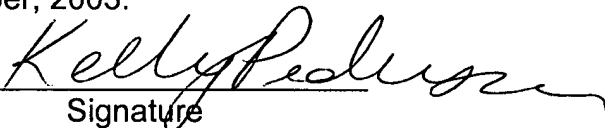
Filing Date: November 13, 2001

Examiner/Unit: Denise S. Allen / 2872

Attorney Docket No.: 1788-22-3

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class mail in an envelope addressed to: MS FEE - AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 24th day of December, 2003.

  
Signature

**SUPPLEMENTAL AMENDMENT AND RESPONSE UNDER 37 CFR §1.111**

December 24, 2003

TO THE ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231:

In response to the most recent Office Action in this case mailed on July 14, 2003, the Applicants' attorney requests supplemental amendment of the above-referenced application as follows.

01/06/2004 ZJUHR1 00000021 10007784

01 FC:2202  
02 FC:2201

45.00 OP  
86.00 OP

Image

2872\$



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TRANSMITTAL LETTER

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\_\_\_\_\_  
Signature

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

XX The fee has been calculated as shown below:

\_\_\_\_\_ No additional claim fee is required.

Computation of Fee  
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>		<u>Rate</u>		Addl. <u>Fee</u>
Total Claims	37	Minus	32	=	5	x	\$18/ <del>\$9</del>	=	\$45
Independent Claims	7	Minus	5	=	2	x	\$86/ <del>\$43</del>	=	\$86
Total additional fee for this amendment									\$131

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

XX Check No. 21499 in the amount of \$131 for the additional claim fee is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

  
Bryan A. Santarelli

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